



**Indiana
Professional
Licensing
Agency**

Committee of Hearing Aid Dealer Examiners
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2067
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Hearing Aid Dealer Renewal Form

You may renew your license online at www.pla.in.gov for about 18 months after the expiration. To renew by mail, please print and complete this form in its entirety and submit it with the renewal fee of \$40.00 to the office address shown in the above right corner. If you answer 'Yes' to any question below send a detailed statement regarding the response by email to pla4@pla.in.gov or by fax to (317) 233-4236. **If your license is expired you must submit the late renewal fee of \$90.00 with this form.**

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Enter Expiration Date 6/30/2012	Renewal Fee \$40.00
Street Address			
City		State	Zip Code
Phone Number		Email Address	

QUESTIONS

1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, or email the Board at pla4@pla.in.gov.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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